

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91446 041 ***150.00

0604853 AV

DOCUMENT # P02000100174

1. Entity Name
EXPLORER TECHNOLOGIES INC.



Principal Place of Business
**3382 NE CAUSEWAY BLVD
#7-104
JENSEN BEACH FL 34957**

Mailing Address
**3382 NE CAUSEWAY BLVD
#7-104
JENSEN BEACH FL 34957**



2. Principal Place of Business
1280 SE Palm Beach Rd
Suite, Apt. #, etc.

3. Mailing Address
1280 SE Palm Beach Rd
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Port St Lucie FL
Zip
34952 Country
USA

City & State
Port St Lucie FL
Zip
34952 Country
USA

4. FEI Number
41-206-2750 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BEERMAN, THOMAS R
3382 NE CAUSEWAY BLVD
#7-104
JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

Name
Thomas R Beerman
Street Address (P.O. Box Number is Not Acceptable)
1280 SE Palm Beach Rd
City
Port St Lucie FL Zip Code
34952

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas R Beerman*
Signature, typed, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas R Beerman 1280 SE Palm Beach Rd Port St Lucie FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas R Beerman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date

772-475-3483
Daytime Phone #

CR2E034 (10/02)